

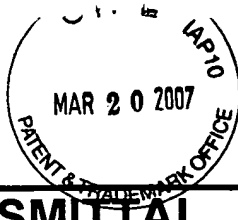
Handwritten marks: "AF" and "2" with a checkmark.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/700,910
		Filing Date	November 3, 2003
		First Named Inventor	Christopher J. Cormack
		Art Unit	2176
		Examiner Name	Bashore, William L.
Total Number of Pages in This Submission	13	Attorney Docket Number	42P17675

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Notice of Appeal (in Dup.); Pre-Appeal Brief Req. for Review; review statement (5 pgs.); and Return Receipt Postcard</div>
<div style="border: 1px solid black; padding: 5px;">Remarks NOTICE OF APPEAL (in Duplicate); and PRE-APPEAL BRIEF REQUEST FOR REVIEW and statement</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 15, 2007

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Margaux Rodriguez		
Signature		Date	March 15, 2007



FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Complete if Known

Application Number 10/700,910
Filing Date November 3, 2003
First Named Inventor Christopher J. Cormack
Examiner Name Bashore, William L.
Art Unit 2176
Attorney Docket No. 42P17675

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 1,520.00

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Credit any overpayments
- ☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	5	20	0
Independent Claims	1	4	0
Multiple Dependent			
Large Entity	Fee Code	Fee (\$)	Fee Description
Small Entity	Fee Code	Fee (\$)	
1202	50	2202	25 Claims in excess of 20
1201	200	2201	100 Independent claims in excess of 3
1203	360	2203	180 Multiple Dependent claim, if not paid
1204	790	2204	395 **Reissue independent claims over original patent
1205	300	2205	150 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)	0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1051	130	2051 65 Surcharge - late filing fee or oath
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet
2053	130	2053 130 Non-English specification
1251	120	2251 60 Extension for reply within first month
1252	450	2252 225 Extension for reply within second month
1253	1,020	2253 510 Extension for reply within third month
1254	1,590	2254 795 Extension for reply within fourth month
1255	2,160	2255 1,080 Extension for reply within fifth month
1401	500	2401 250 Notice of Appeal
1402	500	2402 250 Filing a brief in support of an appeal
1403	1,000	2403 500 Request for oral hearing
1451	1,510	2451 1,510 Petition to institute a public use proceeding
1460	130	2460 130 Petitions to the Commissioner
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)
1806	180	1806 180 Submission of Information Disclosure Stmt
1809	790	1809 395 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810 395 For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$) 1,520.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Farzad E. Amini Registration No. 42,261 Telephone (310) 207-3800
Signature [Signature] Date 03/15/07